

## Corrigendum

# Corrigendum to “The Epidemiology of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis in China”

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In the article titled “The Epidemiology of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis in China” [1], there was an error in the value of the deceased patients, in the legend of Table 5, where “( $n = XXX$ )” should be corrected to “( $n = 9$ ).” The corrected table and its legend are shown below.

TABLE 5: Information of the deceased patients with SJS/TEN in this study ( $n = 9$ ).

Phenotype	Sex	Age, y	Underlying disease	SCORTEN	Culprit drugs	Treatment
SJS	M	51	Chronic renal failure, diabetes	4	Allopurinol	Systemic steroids
TEN	M	70	Nil	6	Antibiotics	Systemic steroids
TEN	F	58	Aneurysm, subarachnoid hemorrhage	NA	Antibiotics	Systemic steroids
TEN	F	67	Rheumatic heart disease, mitral insufficiency	NA	Antibiotics and compound with aminopyrine, phenacetin, caffeine, phenobarbital	Systemic steroids with IVIG use in the late stage
TEN	F	71	Coronary heart disease, hypertension, diabetes, diabetic nephropathy	4	Calcium dobesilate	Systemic steroids with IVIG use in the early stage
TEN	M	62	Hypertension, diabetes	NA	Antibiotics	Systemic steroids with IVIG use in the early stage
TEN	M	94	Coronary heart disease, cardiac insufficiency, hypertension, diabetes, interstitial lung disease	NA	Antibiotics	Systemic steroids with IVIG use in the early stage
TEN	M	62	Hypertension, diabetes, chronic renal failure, hyperuricemia	NA	Allopurinol	Systemic steroids
TEN	M	3	Nil	2	Antibiotics	Systemic steroids

IVIG use in the early stage  $\leq 7$  days of onset, IVIG use in the late stage  $\geq 7$  days of onset. NA: not available.

## References

- [1] S.-C. Yang, S. Hu, S.-Z. Zhang et al., "The epidemiology of Stevens-Johnson syndrome and toxic epidermal necrolysis in China," *Journal of Immunology Research*, vol. 2018, Article ID 4320195, 10 pages, 2018.